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## Country programme recommendation**

## Eritrea

**Addendum**

*Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Eritrea for the period 2002 to 2006 in the amount of $6,283,000 from regular resources, subject to the availability of funds, and $28,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

## The situation of children and women

1. The analysis of the situation of children and women remains the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.1). The signing of a peace agreement between Eritrea and Ethiopia on 12 December 2000 and the deployment of an over 4,200 strong United Nations force pave the way to plan the next country programme from a mainly "progress towards peace" scenario. The establishment of a temporary security zone (TSZ) on 18 April 2001 facilitated the peace process. However, building lasting peace remains a major challenge. The transition has started with the return of internally displaced persons (IDPs) and refugees into their home areas. Although political stability is expected following the first- ever elections in December 2001, it is uncertain how political instability in neighbouring countries will affect Eritrea.

## Programme cooperation, 1996-2001

2. The first full-term country programme of cooperation for 1996-2000 (E/ICEF/1995/P/L.11) pursued the goals of the World Summit for Children, prioritizing post-liberation rehabilitation, reconstruction and delivery of basic social services. The 2001 "bridging" programme (E/ICEF/2000/P/L.29) harmonized planning cycles with those of other United Nations agencies and the Government, consolidated the successes of the previous programme and laid the foundation for the proposed 2002-2006 country programme. The achievements described below are primarily the result of the work of the relevant government sectors in which UNICEF, among others, was a major partner. UNICEF received donor contributions from: the Governments of Belgium, Canada, Denmark, Israel, Liechtenstein, the Netherlands, the United Kingdom and the United States; UNICEF National Committees of Australia, Finland, France, Germany, Hong Kong, Italy, Japan, Norway, Spain, Sweden, Switzerland and the United Kingdom; and the United Nations Women's Guild.

3. The health and nutrition programme contributed to the achievement of three key results. First, according to the 2000 expanded programme on immunization coverage survey, full immunization for children under one year of age rose to 79 per cent in 2000. The 2000 survey showed increases in the 1996 coverage rates for anti-tuberculosis vaccine, three doses of oral polio vaccine, three doses of combined diphtheria/pertussis/tetanus vaccine, measles vaccine and two doses of tetanus toxoid from 52, 42, 35 and 19 per cent, respectively, to 90, 86, 81 and 71 per cent, respectively. National Immunization Days (NIDs) increased polio coverage from 71 per cent in 1996 to 93 per cent in 2000. Polio cases fell from 10 in 1996 to zero in 1997, and no case has been recorded since then. The high performance was due to an improved health delivery system, with access to health services increasing from 46 per cent in 1993 to 70 per cent in 1999. This qualified Eritrea to apply for the fourth round of funds through the Global Alliance for Vaccines and Immunization (GAVI). The Government plans to finance about 10 per cent of its vaccines during the next 10 years from the current level of zero. Major partners were the World Health Organization (WHO), the Norwegian Agency for International Development (NORAD) and the Rotary Club.

4. Second, Eritrea managed to "roll back" malaria. Between 1998 and August 2000, malaria cases dropped by about 77.5 per cent, with a similar drop in fatalities, due to the increased availability of drugs, better case management, the distribution of insecticide-treated nets (ITNs) in endemic areas (UNICEF provided more than 200,000 ITNs) and increased awareness. Key partners included the United States Agency for International Development (USAID), WHO, the Government of Italy and the World Bank.

5. Third, coverage of children under six years old with vitamin A capsules rose from 84 per cent in 1997 to 93 per cent in 2000. UNICEF provided about 3.21 million vitamin A capsules during NIDs, and for IDP camps, schools and areas affected by drought, with funding from the Canadian International Development Agency (CIDA) and the Micronutrient Initiative. Campaigns against measles reduced cases by 61 per cent, from 1,500 in 1996 to 580 in 2000. UNICEF provided 29 salt iodation machines for the production units and small-scale producers, and 51 metric tons of potassium iodate, coupled with appropriate capacity development and social mobilization. This increased the production of iodated salt from 65 per cent in 1996 to 85 per cent in 1999. Household consumption of iodized salt increased from zero per cent in 1994 to 97 per cent in 1999. The result was an improvement in iodine status by 70 per cent, as indicated by a Ministry of Health study in 1998. UNICEF provided supplementary food to more than 700,000 children, and pregnant and lactating women, and doubled the daily local production capacity of DMK (a high-energy supplementary food) from 7.5 to 15 metric tons, with funding from the Governments of the Netherlands and the United States. This complemented the World Food Programme (WFP)/Emergency Operations therapeutic and supplementary feeding by *Médecins sans frontières* (Doctors Without Borders) (France and Holland), and Save the Children Fund (United Kingdom), which covered 100,000 people.

6. In collaboration with the United Nations Population Fund (UNFPA) and USAID, UNICEF support increased antenatal care attendance from 35 per cent in 1996 to 60 per cent in 2000. Rehabilitation of the Mekane Hiwot Paediatric Hospital, with funds from the Government of Italy, improved the quality of care for children. About 96 per cent of health facilities are certified baby-friendly, and there is continuing Government commitment to the protection, promotion and support of breastfeeding.

7. A key result of the education for development programme was the increased enrolment for both girls and boys. The gross enrolment ratio increased from 52.2 per cent (56.8 per cent male/47 per cent female) in 1995/1996 to 57.5 per cent (62.3 per cent male/52.4 per cent female) in 1999/2000. This was achieved through improving access and support to innovative school- and community-based approaches that mobilized for enrolment and retention, particularly for girls. To increase physical access, UNICEF supported the construction of 25 feeder schools and the rehabilitation or construction of 19 primary schools. Retention was increased through improving the quality of education. UNICEF supported the upgrading of the skills of 610 primary school teachers and provided primary school textbooks and learning materials for 180 schools. Technical assistance for review of the national curriculum for primary education was also provided.

8. UNICEF supported an incentive scheme and advance coaching of potential female teachers in the four most disadvantaged regions (Anseba, Gash-Barka,

Debub and Northern Red Sea), which increased substantially the number of female teachers in the system. This was supplemented by the training of 2,450 teachers in gender awareness. These teachers worked closely with parent-teacher associations (PTAs) and mobilized parents to send girls to school. Key partners in education were the Government of Norway and CIDA through the UNICEF African Girls' Education Initiative, the Danish International Development Agency, and the Governments of the Netherlands and Germany. UNICEF also ensured the continuation of education for 90,000 war-displaced children through support to makeshift schools, and the provision of "edu-kits" and school furniture. Emergency education funds were provided by the Government of Denmark, the Swedish International Development Authority (SIDA), the United States State Department/Bureau of Population, Refugees and Migration, and the National Committees of Germany, France, Italy and the United Kingdom.

9. The communication for development programme played a key role in external relations, fund-raising and programme communication, particularly during the emergency. Formative research and a desk review on "Traditional Child-Rearing Practices in Eritrea" ensured the relevance of messages. UNICEF supported landmark events such as International Children's Day, the Tenth Anniversary of the Convention on the Rights of the Child, the launch of *The State of the World's Children* reports, NIDs and World AIDS Day, and facilitated effective public relations networking among the ministries and media.

10. UNICEF gave high priority to the prevention of HIV/AIDS and contributed to the development of a policy and five-year strategic plan involving breaking the conspiracy of silence, the reduction of stigma, support to AIDS orphans and HIV/AIDS campaigns in IDP camps. It also introduced the concept of "Caring For Us", which was used to train more than 500 staff of United Nations theme group member agencies, including the United Nations Mission in Ethiopia and Eritrea (UNMEE). Major partners included USAID and members of the United Nations Theme Group on HIV/AIDS. UNICEF advocated against female genital mutilation (FGM). A SIDA evaluation showed an initial slow start of the anti-FGM project due to, among other things, the war, and low capacity of both UNICEF and counterparts, but with good momentum from 1999 when capacity was developed and implementation structures were put in place.

11. Although not included in the country programme, the issue of landmines and unexploded ordinance (UXO) became a major threat when the most densely populated and fertile regions of Gash-Barka and Debub were occupied and mined during the 2000 conflict. UNICEF, in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), the Eritrea Demining Agency, the Ministry of Education and various non-governmental organizations (NGOs), mobilized human and financial resources, and within the context of UNMEE/United Nations Mine Action Coordination Centre (UNMACC), initiated landmine awareness campaigns and training in the same regions. By the end of 2000, a total of 35,000 people, including 25,000 schoolchildren and 6,000 IDPs, had been reached. During 2001, this activity was further strengthened and expanded to include those returning to the TSZ. The Governments of Switzerland and the United States provided the funding.

12. The rural water and sanitation programme provided access to potable water in the underserved, drought-prone and war-affected areas. With funding from the

International Fund for Agricultural Development and the Government of Italy, UNICEF supported the construction of water supply systems that benefited about 100,000 people. Collaboration with WHO in surveillance and information, education and communication (IEC) campaigns freed Eritrea from guinea worms, although this has yet to be certified. In collaboration with the United Nations Development Programme (UNDP) and the World Bank, UNICEF provided technical and financial support to develop a National Water Point Inventory System, which includes a database linked to a computerized geographical information system and the development of the Eritrea Water and Environmental Sanitation (WES) Programme. The introduction of the Participatory Hygiene and Sanitation Transformation (PHAST) approach and studies on knowledge, attitudes and practices helped to provide baseline information and tackle problems of sanitation.

13. During the emergency, UNICEF supported the drilling of five bore-wells for about 28,500 people in the drought-affected areas of Anseba, and provided other supplies, including a water tanker, water trucking, pumps, generators, water bladders, jerry cans, household storage containers, bath soap, and chlorine and HTH (a dry chlorinator) to meet emergency needs. Because of the large population of IDPs hosted by Keren town, UNICEF provided equipment to increase the output of the water supply of the town's 50,000 people. The training of 165 community health mobilizers for the camps to conduct personal hygiene and environmental sanitation education ensured no outbreaks of cholera or other water-related epidemics except for sporadic and easily controlled cases of shigellosis. The WES emergency fund was provided mainly by USAID, and UNICEF coordinated with Italian Cooperation, OXFAM (United Kingdom), *Médecins sans frontières* (Holland) and the International Committee of the Red Cross.

14. Under the child protection programme, with contributions from the Government of Italy, assistance was provided for the reunification of 16,500 orphans with their extended families. An evaluation of the project found it socially relevant and cost-effective. UNICEF broadened support to children affected by the war, street children and working children, and young commercial sex workers. About 10,000 disadvantaged children received education kits, and 2,453 street children were enrolled in schools and another 150 in vocational training. An additional 25 were reunited with their families, and 120 families were provided with economic assistance. The Convention on the Rights of the Child was translated into six local languages and disseminated nationwide. UNICEF also provided support to produce and submit the initial report on the Convention on the Rights of the Child to the Committee on the Rights of the Child, and advocated for the signing and ratification of the two Optional Protocols to the Convention and the Ottawa treaty on banning of landmines.

15. UNICEF supported assessments of the psychosocial needs of children affected by the war; separated children, prepared jointly with the Ethiopia and Eritrea offices; and the extent of separation during war-related displacements in 2000. The studies underscored the importance of reunification, emergency and peace education, birth registration and strengthened national capacity for psychosocial care and counselling. An economic assessment in Gash-Barka region helped to develop business strategies and options for families that were reunited with orphans. Studies of commercial sex workers, orphans and street children, as well as capacity analysis for the psychosocial care of children and women affected by the war, were also undertaken.

16. The national capacity-building programme trained 900 regional staff to support decentralized planning for child rights. The training of members of the Regional Assembly (*Baito*) on the duties and responsibilities of parliamentarians, legislative processes, rural/urban development, monitoring and evaluation, and financial management was important preparation for the community capacity development (CCD) strategy. UNICEF also supported 33 studies and evaluations, as well as the institutionalization of programme development, reviews and evaluations, under the Programme Development and Monitoring Committee (PDMC). The major evaluations included the end-decade assessment report and the end-of-cycle programme evaluation carried out by the University of Asmara. The capacity of the National Statistics and Evaluation Office (NSEO) for monitoring and evaluation and in using ChildInfo was supported.

17. The integrated emergency response programme was integrated at the mid-term review (MTR) in response to the border conflict and the Horn of Africa drought that affected several areas. The UNICEF response was within the overall context of the United Nations Appeals with the Eritrean Relief and Rehabilitation Commission as the main government agency for emergency coordination. Achievements are mentioned under those programmes through which interventions took place. Similar support is being offered to returning IDPs and refugees in the TSZ.

## Lessons learned from past cooperation

18. Until the MTR in 1998, the overall approach, which was centralized, emphasized service delivery through four programmes: (a) health and nutrition; (b) education for development; (c) rural sanitation and water supply; and (d) communication for development. There was a lack of sectoral integration and synergy of activities, and monitoring and evaluation were not prioritized. Because of their emerging importance, the MTR added three programmes: (a) integrated emergency response; (b) child protection; and (c) national capacity-building. HIV/AIDS and FGM were also incorporated into the communication programme. The MTR also recognized the importance of an appropriate balance of strategies that link national-level activities with subnational levels, in line with the policy of decentralization. Also recognized was the need to focus interventions on areas of UNICEF comparative advantage, broadening of partnerships for children, and results- and evidence-based programming with benchmarks to facilitate measurement of process and impact. The need to phase out activities of no comparative advantage to UNICEF, such as capital-intensive drilling and construction, in favour of more community-oriented approaches, was also recognized. These lessons were reiterated by the end-of-cycle evaluation. The bridging programme underscored the importance of the human rights approach to programming (HRAP)/CCD based on both national and UNICEF global experience.

# Recommended programme cooperation, 2002-2006

Regular resources: $6,283,000

Other resources: $28,000,000

**Recommended programme cooperation**[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Early childhood development | 705 | 7 500 | 8 205 |
| Basic education | 700 | 6 000 | 6 700 |
| Water, environmental sanitation and hygiene | 700 | 6 900 | 7 600 |
| Child protection | 270 | 5 000 | 5 270 |
| Communication for child rights | 500 | 2 600 | 3 100 |
| Cross-sectoral costs | 3 408 | - | 3 408 |
| **Total** | **6 283** | **28 000** | **34 283** |

[a] The breakdown for estimated yearly expenditures is given in table 3.

## Country programme preparation process

19. The Ministry of Finance, and later (from November 2000) the Unit of International Cooperation and Macro-Economic Policy (ICMEP) in the President's Office, coordinated the preparation process through PDMC. PDMC is co-chaired by the head of ICMEP and the UNICEF representative, with members from counterpart ministries and collaborating national NGOs. The proposed programme builds on the experiences and lessons learned from the previous country programme. The Common Country Assessment (CCA) provided the situation analysis and the United Nations Development Assistance Framework (UNDAF) the frame of reference for United Nations collaboration with the Government for the period 2002-2006. Other milestones included orientation workshops on HRAP/CCD, the September 2000 conceptualization workshop for the proposed programme and a strategy meeting in October 2000. The master plan of operations/programme plans of operation and the country programme management plan (CPMP)/integrated budget were developed through special task forces of the PDMC and country management teams. The process included extensive consultations with all stakeholders and sharing of various documents for comments. The present country programme recommendation also incorporates Board member comments on the country note, as well as those received from other United Nations agencies and various donors.

## Country programme goals and objectives

20. The overall goal is to promote healthy, quality lives; provide quality education; combat HIV/AIDS; and protect children and women from abuse, exploitation and violence. The programme will also contribute to Government efforts to reduce poverty and promote its vision of a revitalized democratic Eritrean society based on

peace, tranquillity and tolerance in which the rights of children and women are fully understood and realized. National targets to which the programme will contribute will be developed jointly within the CCA/UNDAF framework using a Demographic and Health Survey.

21. The country programme will seek to achieve the following broad objectives: (a) to support households and communities to have the necessary knowledge, skills and means to improve development outcomes for children and women through the progressive development, refinement and nationwide implementation of a CCD strategy that links with regional and national actions; (b) to improve health, nutrition and educational outcomes for children and women; (c) to equip adolescents and youth with the necessary information and life skills to prevent the transmission of HIV and to ensure that they have access to services and opportunities to reach their maximum capacities, health and well-being to participate in and contribute to society; (d) to support meeting the needs and realizing the rights of children in need of special protection; and (e) to develop the capacity of communities to handle emergency-related crises and enhance their coping mechanisms within the context of their existing social networks.

## Relation to national and international priorities

22. Eritrean laws and policies put children first; promote the care and education of every child; and protect children from harmful and exploitative practices, including from the trauma of war. They also protect children from the devastating impact of the HIV/AIDS epidemic and reaffirm the need to invest in children, listen to them and protect the earth for them. The proposed country programme is consistent with and relates directly to these national policies and priorities, and supports Government efforts to transit from an emergency to a more long-term development mode within the framework of HRAP/CCD.

23. In the short term, the proposed programme complements the Government's Demobilization and Reintegrated Programme and the Eritrea Reconstruction Programme (ERP) funded by a consortium of donors as well as the Government. While demobilization and the return of refugees will add to human resources for social and economic development, it also poses threats for increased crime and for the health of women through the spread of sexually transmitted diseases (STDs), including HIV. ERP recognizes this threat and provides a framework to address it. The Post-War Emergency and Recovery project, funded by the Government of Italy and managed by UNDP, provides quick disbursing grants to NGOs and Eritrean institutions for rehabilitation of the most urgent social delivery systems (education, health and child protection). The Government's long-term strategy promotes investing in people, particularly children, adolescents and women, as a key to overall human development. It also emphasizes the importance of education in making Eritrea a learning society that needs to "learn out of poverty".

24. The programme adopts the regional HRAP/CCD approach to programming and reflects the seven priorities in the Eastern and Southern Africa region: HIV/AIDS; malaria prevention and control; emergency preparedness and response; basic education; routine immunization; nutrition; and children in need of special protection programming measures. At the global level, it reflects the five overall organizational priorities of UNICEF, as indicated in the medium-term strategic plan

for 2002-2005): early childhood development; girl's education; immunization plus; HIV/AIDS; and protection from abuse, exploitation and violence. The programme also takes into account the "Declaration of Commitment on HIV/AIDS: Global Crisis — Global Action" adopted at the General Assembly Special Session on HIV/AIDS held in June 2001.

## Programme strategy

25. The strategy remains the same as described in the country note. The overarching HRAP/CCD strategy integrates Eritrea's national experience, lessons learned from the previous cooperation, the outcome of the CCA/UNDAF processes, and UNICEF experience and expertise in programming for children. The three guiding principles of rights-based programming and the four principles of the Convention on the Rights of the Child and those of the Convention on the Elimination of All Forms of Discrimination against Women underlie the strategy. Ensuring quality social services to the poor emphasizes the principles of universality and non-discrimination in the orientation towards reducing disparities in gender and adequate access. The participation and development of the capacity of both duty bearers and rights holders starting from the community underlie the principles of accountability that recognize children as holders and subjects of rights and respect for the views of the child. Programming choices are prioritized based on national and international priorities, the availability of resources and the comparative advantage of UNICEF.

26. By building on existing policies, structures and systems, and defining strategies and interventions from the family, community (district), and regional and national levels, a positive link between community-based and participatory interventions and national-level programmes will be established. This will ensure synergy of enabling conditions or contextual factors with programme factors such as design, implementation, management, and monitoring and evaluation. Each programme will also integrate emergency, HIV/AIDS, nutrition, communication and parenting education. Improvements in community livelihoods will foster equitable economic growth, leading to poverty reduction. Holistic implementation of the strategy will first be pilot tested in a few selected areas, and the experience gained and lessons learned will be used to scale up progressively to the six regions so that nationwide implementation will be operational before the end of the programme cycle. The CCD strategy will be implemented through five mutually supportive programmes.

27. **ECD.** With the Ministry of Health as the main partner, this programme aims to contribute to the reduction of maternal, infant and under-five mortality. Assistance will be provided to support children to have a good start to life with the necessary care for their survival, development and participation, and ensure that they are physically healthy, mentally alert, socially competent, emotionally secure and able to learn. It will have three projects.

28. The early child care project will support the Ministry of Health to sustain the high rates of routine immunization, including the introduction of new vaccines through GAVI and the community aspect of the Integrated Management of Childhood Illness. The drive to eradicate polio and eliminate measles will continue, together with a cross-border polio eradication plan initiated in 2001. Among others,

emphasis will be on accelerating the gains made in rolling back malaria. This will include promotion of the use of ITNs, advocacy for removal of the tax on their purchase, and in-country production of the nets. To further strengthen the health care delivery system, support will be provided for the training of health workers and the provision of supplies for the care of children and women. At the community level, improved child-care practices will be pursued through development of the capacities of primary caregivers in providing care, monitoring child growth and development, and ensuring their safety. This will complement the ECD project assisted by the World Bank through convergence of interventions, harmony of messages and the development of a common system for monitoring children's physical and psychosocial care. Other key partners will be USAID and WHO.

29. In collaboration with UNFPA, the maternal health project will strengthen antenatal services and the referral system for obstetric emergencies, and link facility-based services with community health care. In collaboration with the World Bank-funded HAMSET (HIV/AIDS, Malaria, STDs, Tuberculosis) control project, the prevention of mother-to-child transmission (MTCT) of HIV, coupled with voluntary counselling and testing (VCT) and care for mothers living with HIV/AIDS, will be supported in pilot areas. Strengthening of reproductive health services will enable women and adolescent girls to seek appropriate health care for the prevention of HIV/AIDS and counselling on gender-based violence, including FGM.

30. The nutrition project will aim to improve the protein-energy and micronutrient status of children and women, and use their nutrition status as a major indicator for realization of their rights at the community level. It will link with the nutrition component of the World Bank-supported ECD project. Achievement of household food security will be supported within the context of the CCD strategy and the United Nations Secretary-General's initiative for food security in the Horn of Africa. Activities related to salt iodization will be strengthened, and the promulgation and implementation of regulations related to salt iodization and the marketing of breastmilk substitutes will be supported. Greater efforts will be made to understand the extent of the problem of anaemia, and the distribution of iron and folate tablets for pregnant women will continue; deworming will also be supported. Efforts to fortify wheat flour and sustain the production and fortification of DMK with multiple micronutrients will continue. Counterpart ministries will include Health, Local Government, Agriculture, Industries and Fisheries. Other key partners will include USAID, WHO, WFP, the Food and Agriculture Organization of the United Nations and CIDA/Micronutrient Initiative.

31. **Basic education.** The objective of the programme is to support the Ministry of Education to increase total net enrolment. It will focus on 300 target primary schools (40 per cent of primary schools nationally), using a mix of formal and alternative education approaches, targeting out-of-school children, including nomads, the disabled, returning refugees, and those affected by war and drought. Other factors that hinder enrolment and retention will be addressed through the CCD strategy. In the war-affected areas, UNICEF will coordinate with WFP, UNHCR, other United Nations agencies and NGOs to promote school feeding, the provision of clean water and sanitation facilities, and integrating returnees into the educational system through peer counselling and role modelling.

32. The objective of the girl's education project is to reduce gender disparities in the enrolment, retention and performance of girls. It will promote complementary education approaches for out-of-school children, especially girls, nomadic children, returning refugees and those impacted by the war and drought. Strategies will include support to the development of a national policy and strategy on girls' education, the integration of gender issues in education curricula for students and teachers, and school-based gender sensitization campaigns. Studies on nomadic and hard-to-reach children will generate information that will guide planning and action. Partners will include NGOs, such as the National Union of Eritrean Women (NUEW), the National Union of Eritrean Youth and Students (NUEYS) and the Lutheran World Service, and NORAD and CIDA.

33. The quality child-friendly schools project will focus on enhancing the quality and efficiency in the 300 target schools to provide appropriate learning for all children. Child-friendly approaches will be pursued through school- focused assessments, analysis and actions; the introduction of minimum learning achievement; teacher training; and improvement of curricula, including the introduction of life skills and HIV/AIDS education in primary schools from grade five. UNICEF will provide technical assistance for implementation of Monitoring Learning Achievement and support the school health component of the World Bank-supported ECD project to ensure the provision of health, water and sanitation services.

34. The project on empowering parents and communities in the management and control of education will seek to create opportunities for the formation and empowerment of PTAs and the development of community leadership capacity to ensure the realization of the right to quality basic education. Through the CCD strategy, the capacity of community leadership (village councils and influential opinion leaders) will be developed. Clusters of schools will be established from existing schools to provide forums for dialogue and promote resource mobilization.

35. **Water, environmental sanitation and hygiene.** This programme aims to support the Ministries of Local Government and Water, Land and Environment to: (a) improve access to adequate and potable water to vulnerable communities, especially those affected by the war, drought and returning refugees; and (b) promote environmental sanitation and personal hygiene. Other partners will include USAID and NGOs active in the sector. This will be undertaken through two projects.

36. The water supply project will support the rehabilitation and, where necessary, provision of new sustainable community water systems. It will also support the promotion of standard and appropriate technologies, the provision of equipment, and the development of gender-sensitive community capacity to manage and maintain the systems. Communities will be assisted to conserve their water sources in ways that are environmentally friendly. Advocacy, resource mobilization and strengthened partnerships will be utilized to ensure broader coverage in vulnerable areas.

37. The objective of the sanitation and hygiene project is to increase sanitation coverage using PHAST. Gender-sensitive school and community sanitation will be emphasized, particularly in developing good health-seeking behaviours, including those related to HIV prevention. Construction and use of appropriate types of latrines will be promoted.

38. **Child protection.** This programme will support the Ministries of Labour and Human Welfare, Justice and Local Government to develop policy, legal and programmatic environments that will protect children and women from abuse, exploitation and violence. Support for the development of national child laws and the Child and Family Welfare policy will also be provided.

39. In view of the large number of orphans, UNICEF will continue to support the ongoing Italian-funded Orphans Reunification Project (the Mahzel Project), with appropriate linkages to the orphan reunification component of the World Bank-funded ECD project. Families that accept the orphans will be provided with appropriate social and economic assistance, giving priority to child and women-headed households in order to break the cycle of poverty.

40. The non-orphan vulnerable children project is designed to address the growing needs and problems of non-orphan children, including children affected by the armed conflict, street children and commercial sex workers, child labourers, children in conflict with the law, the disabled and landmine survivors. Particular focus will be on the returning IDP and refugee populations of unaccompanied minors, child- and women-headed households, and those traumatized by the war. UNICEF will coordinate with UNHCR and other stakeholders in the returnee areas in improving the situation of children, women and adolescents, and use intersectoral approaches on issues such as HIV/AIDS, health and education. Traditional community safety nets for care and protection will be strengthened. A database on children in need of special protection will be developed to assist in planning. Advocacy on birth registration will ensure that children have an identity, including nationality.

41. **Communication for child rights.** This will be a separate programme to provide a focal point for dealing with high profile, media sensitive and cross-cutting issues like emergency reporting, HIV/AIDS and landmine awareness. External relations will give priority to informing the public, donors and other partners on UNICEF activities, especially as they relate to the emergency, promote UNICEF visibility and credibility, and support resource mobilization. It will have three projects.

42. The programme communication project will support the communication needs of other programmes. This will include support to community-level social mobilization, national campaigns and special events for child rights. Appreciative inquiry will facilitate analysis of community strengths, opportunities and visions for children, and use of CCD as the driving force for their achievement. Advocacy for the reduction of harmful traditional practices, especially FGM and gender stereotyping, will be integrated into other programmes, in particular in activities that focus on violence against girls and women, maternal health and girls' education. Key partners are NUEW and NUEYS and SIDA.

43. The HIV/AIDS project will contribute to the national goal of reducing transmission of HIV through increasing awareness, in particular among youth, emphasizing life skills and education beyond primary school. Adolescents will be provided with the opportunity to develop their individual capacities in safe and enabling environments that empower them to participate in and contribute to their communities. Interventions will be integrated into other programmes, with the ECD programme covering MTCT, VCT, care for people living with AIDS and nutrition aspects; basic education; child protection for support to AIDS orphans; and water

and sanitation in the promotion of good hygiene practices. Activities in the project will complement those of the World Bank/HAMSET, the United Nations Theme Group on HIV/AIDS under the Joint United Nations Programme on HIV/AIDS, and the ERP programme where special interventions in the military are under way to prevent the spread of HIV spread during and beyond demobilization.

44. The landmine awareness project will contribute to the national goal to reduce and ultimately eliminate injury and death caused by landmines and UXOs. The mine action strategy will develop national coordination and awareness, and implementation capacity at the community level, raising the profile of the issue, promoting safe behaviour and contributing to the effectiveness of demining through close community liaison and information gathering. UNICEF will work through UNMEE/UNMACC while in operation, and thereafter with the Eritrea Mine Action Centre. Partners will be the Eritrea Demining Agency, UNDP and relevant NGOs.

45. **Cross-sectoral costs** will cover costs related to the management, coordination and support of the country programme, including programme planning, social policy analysis, external relations and the costs for the operations group. The programme on planning, monitoring and evaluation for child rights, which includes social policy analysis, presented in the country note, is now subsumed under cross-cutting costs.

## Monitoring and evaluation

46. Planning, monitoring and evaluation will ensure measurable outcomes and processes at all levels and will be incorporated into an integrated monitoring and evaluation plan. A continuous analysis of social policy will promote feedback so that lessons learned are used to support development of the Government's social policies and strategies. The use of gender-sensitive indicators will provide data that will help in monitoring gender gaps. Assistance will be provided to develop benchmarks, targets and counterpart capacities for the generation, utilization and dissemination of data for planning, programming, monitoring and evaluation using ChildInfo. Collaboration with NSEO and the University of Asmara will be enhanced.

## Collaboration with partners

47. The agenda for children for the 2002-2006 country programme requires building partnerships and mobilizing resources far beyond the capacity of UNICEF. The primary partner will be the Government, with its relevant structures from the national to the community level. Partnerships will be forged with the legislative and judicial arms to advocate and mobilize further commitment for strengthened policy and legal frameworks for child rights. Collaboration with NGOs, civil society and the private sector will be developed as appropriate. Partnerships with current donors will be strengthened and opportunities for new ones explored. UNDAF (2002-2006) will enhance collaborative programming within the United Nations system.

## Programme management

48. ICMEP in the President's Office will be the primary government coordination focal point through PDMC. Designated focal points from partner ministries and other PDMC member agencies will be responsible for managing programmes/projects under their implementation. Regional and village administrations will designate the relevant mechanisms for coordination and implementation. The Government and UNICEF will work together to plan, monitor and evaluate the programme through annual and mid-term reviews. First, integrated emergency preparedness and response will ensure support to the transition from war to peace, from drought to sustainable livelihoods, and in the event any of the two were to recur. Second, a realistic fund-raising strategy based on past performance and good donor indication in a peace scenario will address the risk of the high dependence on other resources. Third, support will be provided to develop the capacities of programme managers so that they are not overwhelmed by the complexity of an HRAP/CCD type of programme and are able to facilitate rather than control. Lastly, the allocation of human and financial resources as per the approved CPMP/integrated budget maximizes efficiency and effectiveness.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Eritrea | (1999 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 114 | (2000) | U5MR |
| Infant mortality rate | 73 | (2000) | IMR |
| GNP per capita | $ 200 | (1999) | GNP |
| Total population | 3.7 million | (1999) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 2000 |
|---|---|---|---|---|---|
| Births | (thousands) | 86 | 107 | 134 | 147 |
| Infant deaths (under 1) | (thousands) | 13 | 12 | 12 | 11 |
| Under-five deaths | (thousands) | 19 | 21 | 21 | 17 |
| Under-five mortality rate (per 1,000 live births) | | .. | 200 | 155* | 114 |
| Infant mortality rate (under 1) (per 1,000 live births) | | .. | 112 | 92 | 73 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Underweight children (under 5) | Moderate & severe | 41* | 44** |
| (% weight for age, 1993/1995) | Severe | .. | 17** |
| Babies with low birth weight (%, 1994) | | 13 | .. |
| Primary school children reaching grade 5 (%, 1992/1995) | | 83 | 71 |

| NUTRITION INDICATORS | About 1990 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1995) | .. | 66 |
| Timely complementary feeding rate (6-9 mos.) (%, 1995) | .. | 45 |
| Continued breast-feeding rate (20-23 mos.) (%, 1995) | .. | 60 |
| Prevalence of wasting (0-59 mos.) (%, 1993/1995) | 10* | 16** |
| Prevalence of stunting (0-59 mos.) (%, 1993/1995) | 66* | 38** |
| Vitamin A supplementation coverage (6-59 mons.) (%, 1999) | .. | 94 |
| Household consuming iodized salt (%, 1995/1998-99) | 0.2 | 97 |

| HEALTH INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1995) | | .. | 38 |
| Routine EPI vaccines financed by government (%, 1999) | | .. | 0 |
| Use of improved drinking water sources | Total | .. | 46 |
| (% of population, 2000) | Urban/rural | ../.. | 63/42 |
| Use of improved sanitation facilities | Total | .. | 13 |
| (% of population, 2000) | Urban/rural | ../.. | 66/ 1 |
| Births attended by trained personnel (%, 1995) | | .. | 21 |
| Maternal mortality rate (per 100,000 live births, 1995) | | .. | 1000 |

| Immunization | | 1981 | 1985 | 1990 | 1995 | 1999 |
|---|---|---|---|---|---|---|
| One-year-old (%) immunized against: | Tuberculosis | .. | .. | .. | 68 | 98 |
| | DPT | .. | .. | .. | 58 | 93 |
| | Polio | .. | .. | .. | 58 | 93 |
| | Measles | .. | .. | .. | 58 | 88 |
| Pregnant women (%) immunized against: | Tetanus | .. | .. | .. | .. | .. |

* Aged 6-59 months.
** Aged 0-35 months.

TABLE 1 (continued)

Eritrea

| EDUCATION INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1993/1998) | Total | 51/30 | 59/37 |
| | Male | 57/31 | 64/40 |
| | Female | 45/29 | 54/35 |
| Secondary enrolment ratio (gross/net) (%, 1993/1996) | Total | 17/12 | 20/16 |
| | Male | 19/13 | 24/17 |
| | Female | 14/12 | 17/14 |
| Adult literacy rate, 15 years & older (%) | Total | .. | .. |
| | Male/female | ../.. | ../.. |
| Radio/television sets (per 1,000 population, 1993/1997) | | 83/ 0 | 100/ 0 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 1831 | 2382 | 3103 | 3524 | 3659 |
| Population aged 0-18 years | (thousands) | 929 | 1208 | 1569 | 1778 | 1844 |
| Population aged 0-5 years | (thousands) | 333 | 420 | 552 | 600 | 617 |
| Urban population (% of total) | | 11.1 | 13.5 | 14.7 | 19.5 | 19.7 |
| Life expectancy at birth (years) | Total | 43 | 44 | 49 | 52 | 52 |
| | Male | 42 | 43 | 47 | 50 | 51 |
| | Female | 45 | 46 | 51 | 53 | 53 |
| Total fertility rate | | 6.6 | 6.4 | 6.2 | 5.6 | 5.5 |
| Crude birth rate (per 1,000 population) | | 47 | 45 | 43 | 41 | 40 |
| Crude death rate (per 1,000 population) | | 21 | 20 | 16 | 14 | 14 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1995) | | .. | 8 |
| Population annual growth rate (%, 1970-90/1990-99) | Total | 2.3 | 2.8 |
| | Urban | 4.0 | 4.6 |

| ECONOMIC INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1990-99) | | .. | 2.0 |
| Inflation rate (%, 1990-98) | | .. | 10 |
| Population below $1 a day (%) | | .. | .. |
| Household income share (%) | Top 20%/bottom 40% | ../.. | ../.. |
| Government expenditure (% of total expenditure) | Health/education | ../.. | ../.. |
| | Defense | .. | .. |
| Household expenditure (% share of total) | Health/education | ../.. | ../.. |
| Official development assistance: (1998) | $US millions | .. | 158 |
| | As % of GNP | .. | 20 |
| Debt service (% of goods and services exports, 1997) | | .. | 0 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2001 a/

COUNTRY: ERITREA
LATEST BOARD APPROVAL: 2000
REGULAR RESOURCES: $ 9,596,000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Regular resources b/ | | Other resources | | Total (RR & OR) | |
| | RR b/ | OR | RR b/ | OR | RR b/ | OR | RR b/ | OR | Actual | Planned | Actual | Planned | Actual | Planned |
| Primary health care nutrition | 625 | 8,225 | 209 | 213 | 233 | 446 | 456 | 2,096 | 1,523 | 2,605 | 10,980 | 15,106 | 12,503 | 17,711 |
| Education for development | 69 | 2,035 | 50 | 219 | 105 | 37 | 379 | 3,526 | 603 | 2,115 | 5,817 | 5,900 | 6,420 | 8,015 |
| Rural sanitation and water supply | 110 | 641 | 106 | 42 | 117 | 144 | 161 | 1,042 | 494 | 1,170 | 1,869 | 6,000 | 2,363 | 7,170 |
| Communication for development | 76 | 11 | 55 | 35 | 58 | 0 | 359 | 601 | 548 | 1,150 | 647 | 4,000 | 1,195 | 5,150 |
| National capacity building | 163 | 0 | 54 | 0 | 625 | 0 | 409 | 0 | 1,251 | 1,995 | 0 | 700 | 1,251 | 2,695 |
| Child protection | 0 | 227 | 0 | 0 | 8 | 106 | 14 | 1,230 | 22 | 31 | 1,563 | 1,539 | 1,585 | 1,570 |
| Emergency response | 809 | 5,208 | 0 | 0 | 34 | 81 | 96 | 1,723 | 939 | 80 | 7,012 | 144 | 7,951 | 224 |
| Cross-sectoral costs | 347 | 180 | 69 | 4 | 1,074 | 18 | 155 | 2,202 | 1,645 | 450 | 2,404 | 23 | 4,049 | 473 |
| **GRAND TOTAL** | **2,199** | **16,527** | **543** | **513** | **2,254** | **832** | **2,029** | **12,420** | **7,025** | **9,596** | **30,292** | **33,412** | **37,317** | **43,008** |

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: ERITREA
PROGRAMME CYCLE : 2002-2006

| | FUND | 2002 | 2003 | 2004 | 2005 | 2006 | TOTAL |
|---|---|---|---|---|---|---|---|
| EARLY CHILDHOOD DEVELOPMENT | RR | 141,000 | 141,000 | 141,000 | 141,000 | 141,000 | 705,000 |
| | OR | 1,500,000 | 1,700,000 | 2,000,000 | 1,300,000 | 1,000,000 | 7,500,000 |
| | TOTAL | 1,641,000 | 1,841,000 | 2,141,000 | 1,441,000 | 1,141,000 | 8,205,000 |
| BASIC EDUCATION | RR | 140,000 | 140,000 | 140,000 | 140,000 | 140,000 | 700,000 |
| | OR | 1,200,000 | 1,400,000 | 1,700,000 | 1,000,000 | 700,000 | 6,000,000 |
| | TOTAL | 1,340,000 | 1,540,000 | 1,840,000 | 1,140,000 | 840,000 | 6,700,000 |
| WATER, ENV., SANIT. & HYGIENE | RR | 140,000 | 140,000 | 140,000 | 140,000 | 140,000 | 700,000 |
| | OR | 1,380,000 | 1,580,000 | 1,680,000 | 1,180,000 | 1,080,000 | 6,900,000 |
| | TOTAL | 1,520,000 | 1,720,000 | 1,820,000 | 1,320,000 | 1,220,000 | 7,600,000 |
| CHILD PROTECTION | RR | 54,000 | 54,000 | 54,000 | 54,000 | 54,000 | 270,000 |
| | OR | 1,000,000 | 1,200,000 | 1,350,000 | 800,000 | 650,000 | 5,000,000 |
| | TOTAL | 1,054,000 | 1,254,000 | 1,404,000 | 854,000 | 704,000 | 5,270,000 |
| COMMUNICATION FOR CHILD RIGHTS | RR | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 500,000 |
| | OR | 520,000 | 540,000 | 550,000 | 500,000 | 490,000 | 2,600,000 |
| | TOTAL | 620,000 | 640,000 | 650,000 | 600,000 | 590,000 | 3,100,000 |
| CROSS-SECTORAL COSTS | RR | 680,000 | 682,000 | 682,000 | 682,000 | 682,000 | 3,408,000 |
| | OR | | | | | | |
| | TOTAL | 680,000 | 682,000 | 682,000 | 682,000 | 682,000 | 3,408,000 |
| TOTAL, PROGRAMME BUDGET | RR | 1,255,000 | 1,257,000 | 1,257,000 | 1,257,000 | 1,257,000 | 6,283,000 |
| | OR | 5,600,000 | 6,420,000 | 7,280,000 | 4,780,000 | 3,920,000 | 28,000,000 |
| | TOTAL | 6,855,000 | 7,677,000 | 8,537,000 | 6,037,000 | 5,177,000 | 34,283,000 |
| STAFF COSTS a/ | | 581,355 | 613,254 | 647,881 | 679,140 | 711,091 | 3,232,721 |
| GENERAL OPERATING COSTS | | 238,954 | 235,705 | 403,041 | 398,481 | 428,888 | 1,705,069 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 820,309 | 848,959 | 1,050,922 | 1,077,621 | 1,139,979 | 4,937,790 |
| GRAND TOTAL | | 7,675,309 | 8,525,959 | 9,587,922 | 7,114,621 | 6,316,979 | 39 220,790 |

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ERITREA
PROGRAME : 2002-2006

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RR | OR | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| REGULAR RESOURCES : | | | | | | | | | | | | | | | | |
| EARLY CHILDHOOD DEVELOPMENT | 705,000 | | 705,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 114,053 | 114,053 |
| BASIC EDUCATION | 700,000 | | 700,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 40,509 | 40,509 |
| WATER, ENV., SANIT. & HYGIENE | 700,000 | | 700,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 40,509 | 40,509 |
| CHILD PROTECTION | 270,000 | | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COMMUNICATION FOR CHILD RIGHTS | 500,000 | | 500,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CROSS-SECTORAL COSTS | 3,408,000 | | 3,408,000 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 2 | 6 | 10 | 1,589,144 | 350,523 | 1,939,667 |
| TOTAL RR | 6,283,000 | | 6,283,000 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 3 | 9 | 14 | 1,589,144 | 545,594 | 2,134,738 |
| OTHER RESOURCES : | | | | | | | | | | | | | | | | |
| EARLY CHILDHOOD DEVELOPMENT | | 7,500,000 | 7,500,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 2 | 5 | 914,099 | 191,448 | 1,105,547 |
| BASIC EDUCATION | | 6,000,000 | 6,000,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 4 | 914,099 | 153,183 | 1,067,282 |
| WATER, ENV., SANIT. & HYGIENE | | 6,900,000 | 6,900,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 3 | 1,252,922 | 87,097 | 1,340,019 |
| CHILD PROTECTION | | 5,000,000 | 5,000,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 4 | 914,099 | 180,139 | 1,094,238 |
| COMMUNICATION FOR CHILD RIGHTS | | 2,600,000 | 2,600,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 66,086 | 66,086 |
| CROSS-SECTORAL COSTS | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 0 | 203,488 | 203,488 |
| TOTAL OR | | 28,000,000 | 28,000,000 | 0 | 0 | 0 | 4 | 0 | 0 | 4 | 10 | 7 | 21 | 3,995,219 | 881,441 | 4,876,660 |
| TOTAL RR & OR | 6,283,000 | 28,000,000 | 34,283,000 | 0 | 0 | 0 | 4 | 2 | 0 | 6 | 13 | 16 | 35 | 5,584,363 | 1,427,035 | 7,011,398 |
| SUPPORT BUDGET | Operating costs | | 1,705,069 | | | | | | | | | | | | | |
| | Staffing | | | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 3 | 5 | 11 | 2,774,252 | 458,469 | 3,232,721 |
| GRAND TOTAL (RR + OR + SB) | | | | 0 | 0 | 1 | 5 | 3 | 0 | 9 | 16 | 21 | 46 | 8,358,615 | 1,885,504 | 10,244,119 |
| Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| Current programme cycle | | | | | | | | | | 10 | 12 | 21 | 43 | | | |
| At the end of proposed programme cycle (indicative only) | | | | | | | | | | 9 | 16 | 21 | 46 | 8,358,615 | 1,885,504 | 10,244,119 |

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.